

Assessment of Drinking and Drug Use in Patients with Substance Use Disorders

Michael J. Bohn, M.D.

**Clinical Assistant Professor of Psychiatry,
University of Wisconsin**

Medical Director, Gateway Recovery

Wisconsin BSAS

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Outcome Predictors: Patient Characteristics

- **drinking and drug use intensity**
- **dependence severity**
- **early age of onset of substance use disorder**
- **comorbid Axis I substance use, affective and anxiety disorders**
- **cluster B [ASPD, BPD] personality disorders**
- **current motivation level**
- **social/family support for abstinence**
- **prior treatment failures**
- **cognitive impairment**
- **anger**

Outcome Predictors for Substance Abuse Treatment: Treatment Characteristics

- **therapist empathy, warmth, experience**
- **locus of treatment**
- **client's prior treatment successfulness**
- **family involvement**
- **duration of treatment: longer is better**
- **treatment focus on BOTH addiction and
psych, family, med, & job problems**
- **NOT coercion**

Outcome Predictors for Substance Abuse Treatment: Post-Treatment Characteristics

- **continued counseling**
- **AA/Self-help involvement**
- **social support**
- **stress, depression and anxiety**

Goals of the Assessment

- **clarify treatment needs**
- **assist in treatment selection**
- **clarify patient prognosis**
- **improve communication**
- **compare treatment outcomes after adjusting for case mix**

Drinking and Drug Use Behavior: Research-Based Assessment

- **Genetic Predisposition**
- **Drinking and Drug Use Milestones**
- **Recent Consumption**
- **Mode of Drug Use**
- **Substance Use Disorder Diagnosis**
- **Physiological Dependence**
- **Situation-Specific Substance Use**

Drinking Behavior: Genetic Predisposition

- Age of first drinking [drug use?] not heritable
- Intensity of drinking heritable [40%]
- Tolerance likely heritable
- High heritability for alcohol abuse and dependence in males [60-65%] and females [55-65%]
- Higher heritability for early onset alcoholism
- One protective gene [ALDH] and 2-4 susceptibility genes identified
- FH generally confers increased relapse risk

Drug Using Behavior: Genetic Predisposition

- Few drug-specific heritability studies in humans
- Age of first drug use not heritable
- Intensity of drug use heritable
- High heritability for drug abuse and dependence in males and females
- Higher heritability for more severe dependence
- Heritability related to heritability of conduct disorder; ADD-risk for conduct, not sub abuse

Drinking and Drug Use Milestones

- Age of first regular [\geq weekly] drinking
- Age of first regular [\geq weekly] drunkenness
- Age of first alcohol-related problem
- Lower mean age of these three milestones predicts poorer outcome for alcoholics
- No good parallel data on drug use milestones
- But good evidence that use of ≥ 2 drugs or use of sedatives confers poor prognosis on alcoholics
- Similar symptom progression: men, women

Assessing Recent Consumption of Alcohol and Drugs

- **Good evidence that alcohol consumption in past 90 days pre-Treatment is predictor of treatment outcome, as are days abstinent.**
- **Good evidence for reliability and validity of two methods of assessment of alcohol use:**
- **Time-Line Followback: calendar method**
- **Form 90: Typical and atypical week calendar**
- **Similar but weaker data for drug use**

Assessing Mode of Use of Drugs

- **Good evidence that nasal use of cocaine and heroin associated with fewer health effects, esp.. those associated with IV drug use**
- **Good evidence that treatment outcomes worse for IV opiate and cocaine addicts than for nasal or oral users**
- **Good evidence for superiority of Methadone Maintenance Therapy for IV [compared with oral] opiate addicts**

Substance Use Disorders: Assessment

- **Good evidence for overdiagnosis and underdiagnosis by substance abuse clinicians, and for evidence of mistaking abuse for dependence using unstructured clinical interviews**
- **Computers and semistructured clinical interviews [e.g., SCID] are >95% reliable and valid compared with expert longitudinal, multisource assessments**
- **Reliability and validity reduced if interviewer is not empathic, fails to assure confidentiality, is rushed or harshly confrontational, or is not specific. Intoxicated individuals provide unreliable reports**
- **Symptoms should be assessed systematically for each substance used, and current and lifetime abuse and dependence symptoms elicited**

DSM-IV Substance Abuse Criteria

- Maladaptive pattern of substance use
- Leading to clinically significant impairment or distress, as manifest by 1 of following within 12-mo. period:
- Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home [repeated absences, poor work performance d/t sub use; sub-related suspensions, expulsions, or absences from school; neglect of children or household]
- Recurrent substance use in situations in which it is physically hazardous [driving auto, operating machine, walking in traffic, having unprotected sex]
- Recurrent substance-related legal problems [arrests for DWI, intoxicated disorderly conduct]
- Continued sub use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance [arguments with spouse about consequences of intoxication, physical fights]
- **NEVER MET CRITERIA FOR SUBSTANCE DEPENDENCE FOR THAT SUBSTANCE CLASS**

DSM-IV Substance Dependence Criteria

- Maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifest by 3 of following within 12-mo. period:
- Tolerance manifest by need for markedly [$\geq 50\%$] increased amounts of substance to achieve intoxication or desired effect, or markedly diminished effect with continued use of same amount of substance
- Withdrawal, manifest by characteristic substance-specific withdrawal syndrome, or by use of same or related [esp sed/alc, opioid] sub to relieve or avoid withdrawal sx's
- Substance often taken in larger amounts or over longer period than was intended
- Persistent desire or unsuccessful efforts to reduce/ control substance use
- great deal of time spent to obtain, use, or recover from substance effects
- important social, occupational or recreational activities are given up or reduced because of substance use
- substance use continued despite having persistent or recurrent physical or psychological problems caused or exacerbated by the effects of the substance [cocaine-induced depression, drinking despite ulcer worsening]

Substance Dependence: Physiological Dependence

- **For alcohol, opioids, cocaine, and sedatives:
good evidence that tolerance or withdrawal
are poor prognostic indicators**
- **Tolerance must be significant: 50% increase**

Assessing Situation-Specific Use of Alcohol and Drugs

- **Good evidence that most use is associated with negative affects [anger, anxiety, sadness], interpersonal conflicts, or social relationships, and less with craving or testing personal control**
- **Good evidence that more indiscriminate use associated with poorer prognosis and relapses**
- **Good evidence that systematic assessment can be reliable using self-report questionnaires [Inventory of Drinking Situations, Inventory of Drug Use Situations].**
- **Questionable validity of client's post-treatment self-reported frequency of actual drinking in these situations**